

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/17/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155669		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 08/10/2016	
NAME OF PROVIDER OR SUPPLIER RIVERVIEW TCU				STREET ADDRESS, CITY, STATE, ZIP CODE 395 WESTFIELD RD TCU NOBLESVILLE, IN 46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>A Fire Safety Evaluation System (FSES) and a Life Safety Code Certification Survey were conducted for the temporary relocation of 13 beds to the 3rd floor of the main hospital by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/10/16</p> <p>Facility Number: 011046 Provider Number: 155669 AIM Number: NA</p> <p>At this FSES and Life Safety Code survey, Riverview TCU was found in compliance with National Fire Protection Association (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the Life Safety Code Recertification and State Licensure Survey. Achieving a passing score on the FSES survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2001 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, LSC.</p> <p>This facility was located on the third floor of a fully sprinklered building determined to be of Type I (332) construction. The facility has a fire alarm system with smoke detection in the corridors, all resident rooms and all areas not separated from the corridor. The temporary TCU unit will have a capacity of 13 and had a census of 0 at the time of this visit.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist, on 08/15/16.</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure exit access was arranged so 1 of 2 exits were readily accessible at all times in accordance with LSC Section 7.1. LSC Section 7.1 requires that means of egress for existing buildings shall comply with Chapter 7. LSC Section 7.7.1 requires all exits shall terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way. In addition to providing the required width to allow all occupants safe access to a public way, such access also needs to meet the requirements of LSC Section 7.1.10.1 with respect to continuously maintaining the means of egress free of all obstructions or impediments that would prevent its use, such as snow and the need for its removal in some climates, rough uneven surfaces or soft ground during heavy periods of rain. This deficient practice could affect any occupant evacuated from the stairway #6 exit.</p> <p>Findings include:</p> <p>Based on observation with the Engineering Manager and Administrator on 08/10/16 at 9:45 a.m. the #6 stairway exit led to an exterior exit discharge that did not terminate directly at a public way. The exit discharge consisted of a 30 foot concrete sidewalk that ended at a gravel section and then a grassy lawn. The distance to the public way from the gravel and grassy lawn</p>	K 038	Correction obviated. Passed FSES	8/10/16	

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K 038	Continued From page 2 was over 200 feet. Based on interview at the time of observation, the Engineering Manager and Administrator acknowledged the exit discharge did not terminate at a public way. 3.1-19(b)	K 038			